



New Hampshire
Racing and Charitable Gaming Commission
21 S. Fruit Street, Suite 16
Concord, New Hampshire 03301-2428
Telephone (603) 271-2158 Fax (603) 271-3381
<http://www.racing.nh.gov>

Date _____

License # _____

Clerk _____

Supplemental Application Form for **Pari 605.24**

Horse Racing Totalisator Company 20 _____

1. Full Name: _____

AS IT APPEARS ON LINE 1 OF YOUR OCCUPATIONAL LICENSE APPLICATION PARI 605.05

2. Name, address, and telephone number of the person, corporation or association licensed under RSA 284:15 recommending the applicant for occupational licensure:

3. Does the applicant possess a written, executed contract with a licensee under RSA 264:15-a, to act as a totalisator company at the licensee's racing premises? ☐ Yes ☐ No

4. If yes to question (3) above;

a) Name of each licensee with whom the applicant possesses a contract;

b) Name of each racing premises at which the applicant will act as a Totalisator Company

5. Is the applicant incorporated, formed, or registered with the Secretary of State to do business in the State of New Hampshire? ☐ Yes ☐ No

******* PLEASE NOTE *******

The applicant hereby agrees as a Totalisator Company licensed under these rules shall provide the Commission, within 48 hours of the Commission's request, a record of any transaction or transactions specified by the Commission which relate to horse races that take place in New Hampshire or which are simulcast into or out of New Hampshire under RSA 284:22 or RSA 284:22-a, or which relate to or affect pari-mutuel pools, wagering or races under the jurisdiction of the Commission.

I hereby certify that the information provided on this application form is true, accurate and complete; and I acknowledge that, pursuant to RSA 641:3, making a false statement on this application form is punishable as a crime.

APPLICANT OR APPLICANT'S DULY AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE OF SIGNATURE